Name in Full Jno Henderson

Certificate of Death

Died at Town Rockville County Montg MARYLAND

Date 1904 Month Dec Day 21 | Age Y. 66 M. D. | Native of Md. | Occupation None

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | Divorced | Number of children living 10

Husband of

Wife

Father's Name Herman Andyson | Mother's Maiden Name Ruth Ann Small

Cause of Death — Primary Bright's Disease — How long sick

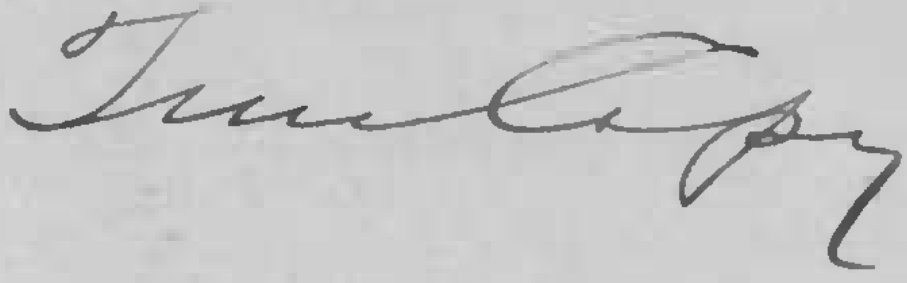
Immediate — Accident, Suicide, Homicide

Reported by J. S. Poole

Address Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 7989



Name in Full

Certificate of Death

Anne Askins

Died at Town Unity County Montgomery MARYLAND

Date 1902 Month Jan Day 18 Age Y. M. D. Native of Md. Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Maiden Name Mary Askins

Cause of Death

Primary

Immediate Sudden Death

How long sick

Accident, Suicide, Homicide

178

Reported by Earnest Gregg

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mamie Authey

Died at Town Buttonsville County Montgy MARYLAND

Date 189 14 Month Mar Day 24 Age Y. 32 M. - D. - Native of Md Occupation Housef

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife Snowden Authey

Father's Name Joe Authey Mother's Name

Cause of Death Primary Typhoid Fever How long sick 7 days

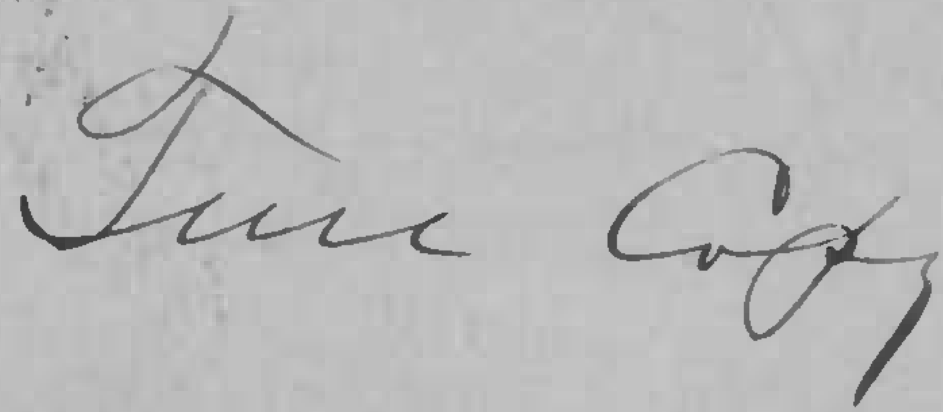
Immediate Heart Failure Accident, Suicide, Homicide

Reported by J R Bolam

Address Spencerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full: Eli Birdwell

Certificate of Death

Died at: Town: Norwood County: Montgy MARYLAND

Date 19 04 Month: Mar Day: 15 | Age Y. M. D.: 73-1- | Native of: Pa. | Occupation: Bricklayer

Male / ~~Female~~ | ~~White~~ / Colored | Married / ~~Single~~ | Widow / Widower | Divorced / Number of children living

Husband / Wife of: Rebecca Hood Birdwell

Father's Name | Mother's Maiden Name

Cause of Death: Primary: La Grippe | How long sick: on wild

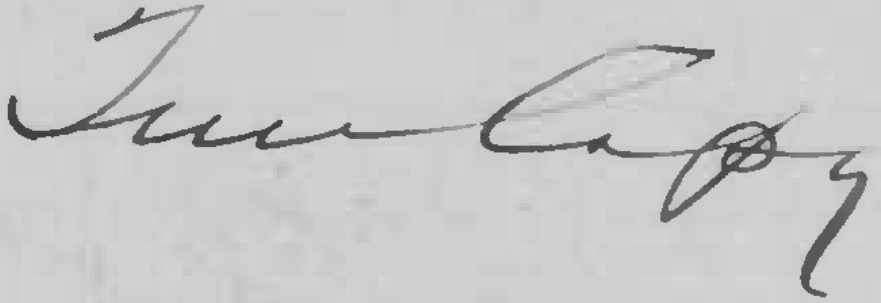
Immediate: Capillary Bronchitis | Accident, Suicide, Homicide

Reported by: Roger Brooke

Address: Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full: James Brown

Certificate of Death

Died at: Town: Pleasant County: Wentzy MARYLAND

Date 1904 Month: May Day: 21 Age Y. 73 M. 2 D. 8 Native of: U.S. Occupation: Lab

Male / Female / White / Colored / Married / Single / Widow / Widower / Divorced / Number of children living

Husband of Wife: Catherine Brown

Father's Name: Daniel Brown Mother's Name: Sarah Brown

Cause of Death: Primary: Senile Pneumonia How long sick: 10 days

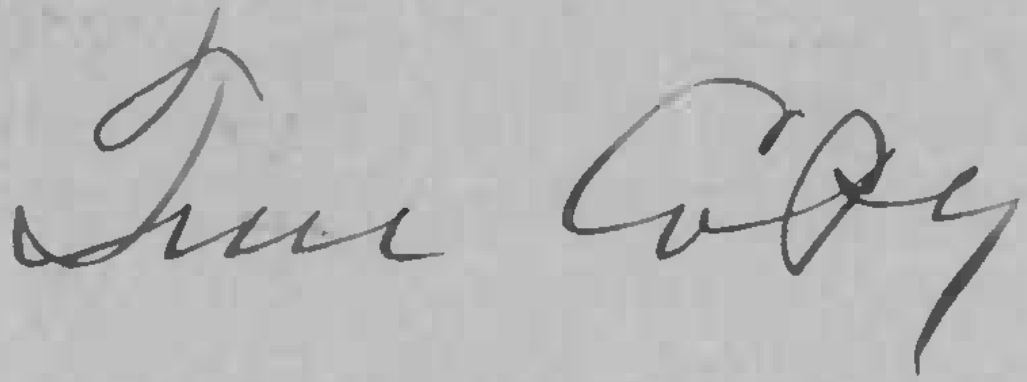
Immediate: Exhaustion 43 Accident, Suicide, Homicide

Reported by: B. F. Lansdale

Address: Damascus

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968



Name in Full | Certificate of Death

Mary Jane Brown

Town | County

Died at Damascus | Wantzy | MARYLAND

Date 1904. Month 3 Day 13 | Age Y. 51. M. D. | Native of Md | Occupation Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female | Colored | Single | ~~Widower~~ | ~~Number of children living~~

Husband of Wife

129

Father's Name Lucy C. Brown | Mother's Name Wesley Brown

Cause of Death: Primary Cystic Tumor Abdomen | How long sick 15 Mos

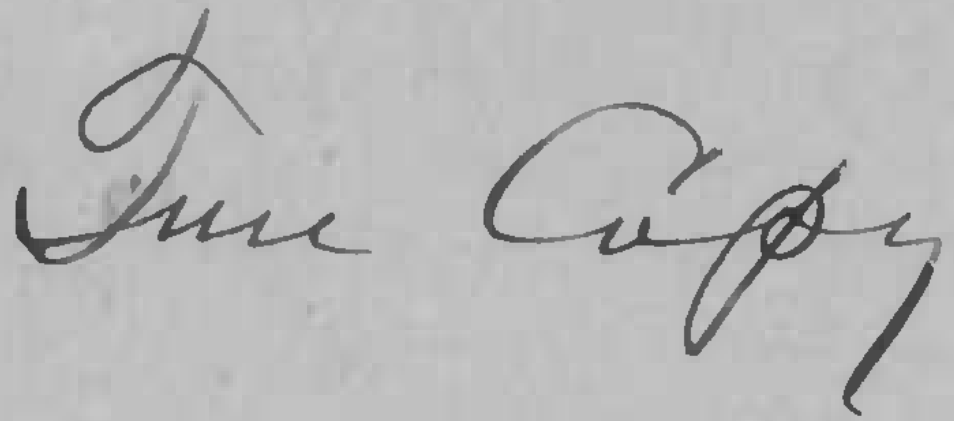
Immediate Exhaustion | Accident, Suicide, Homicide

Reported by B. F. Lansdale

Address Damascus

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968



Name in Full Rosetta Brown

Certificate of Death

Died at Town Rockville County Montgy MARYLAND

Date 1944 Month Mar Day 1 Age Y. 57 M. D. Native of Occupation Lab

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife Wm Brown

Father's Name

Mother's Name

Cause of Death Primary Epidemic Influenza How long sick 1 week

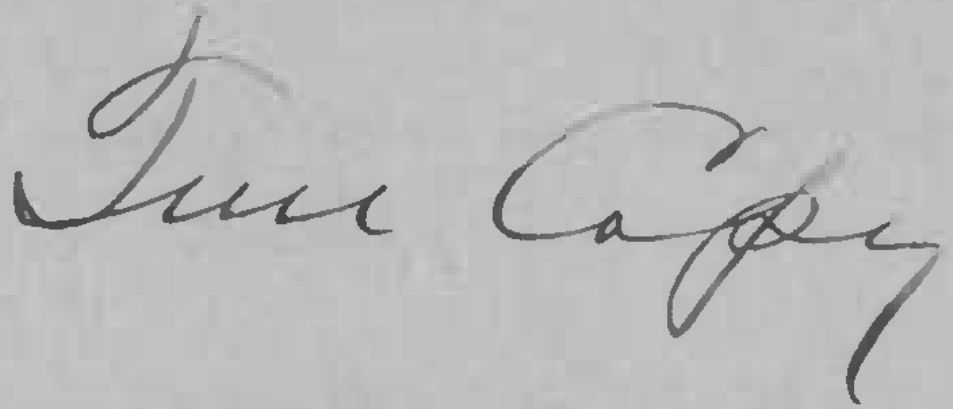
Immediate Pneumonia Accident, Suicide, Homicide

Reported by Edward Anderson

Address Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full Martha Campbell

Certificate of Death

Died at Town Derwood County Montgy MARYLAND

Date 1904 Month Mar Day 18 Age Y. 52 M. — D. — Native of Md Occupation Lab

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife Chas Campbell

Father's Name

Mother's Name 40

Cause of Death Primary Influenza How long sick

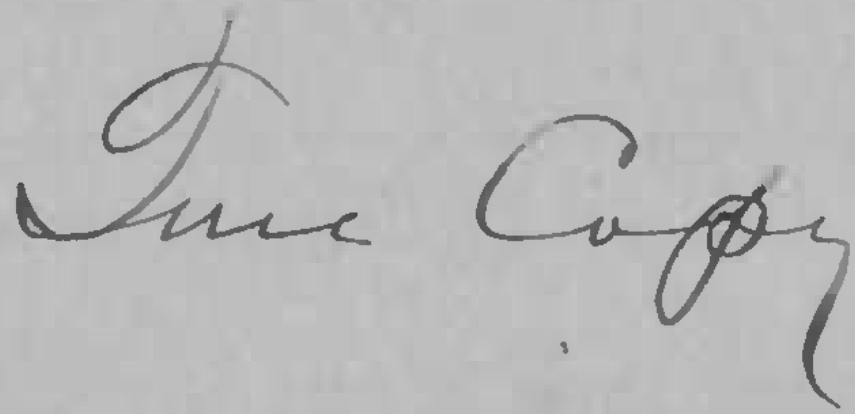
Immediate Pneumonia Accident, Suicide, Homicide

Reported by Edward Anderson

Address Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Case

Unnamed Infant

Died at Town Wheaton County Montgy MARYLAND

Date 1914 Month Mar Day 4 | Age Y. M. D. — . | Native of Md | Occupation c

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name Jno Gover Case

Mother's Maiden Name Ethel Magruder

Cause of Death

Primary Premature birth S

Immediate Still born S

How long sick

Accident, Suicide, Homicide

Reported by Wm L. Lewis

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79893

Name in Full: Hal. Payne Cashell.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Olney — County: Montgomery

Date of death 190 4 — Month: March — Day: 24 — Age — Years: 48 — Months: 8 — Days: 11

Sex: Female — Color or Race: White — Birthplace: King George Co. Va.

Occupation: Farmer. — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Timothy Cashell Pat Payne.

Father's Name: Samuel Payne. — Father's Birthplace: King George Co. Va.

Mother's Maiden Name: Nancy Jane Edwards — Mother's Birthplace: King George Co. Va.

Name of person giving Information: Virginia Payne — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 16 hours

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. Farquhar.

Address: Olney Maryland.

Accident or Suicide?

LIBRARY BUREAU A6851B

Name in Full

Certificate of Death

Jno Morris Cole

Died at Town Barnesville County Montgy MARYLAND

Date 1904 Month Mar Day 14 | Age Y. - M. 1 D. - 21 | Native of Md | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Jno Cole

Mother's Maiden Name Mary Cole

Cause of Death

Primary Pneumonia

Immediate

How long sick

Accident, Suicida, Homicide

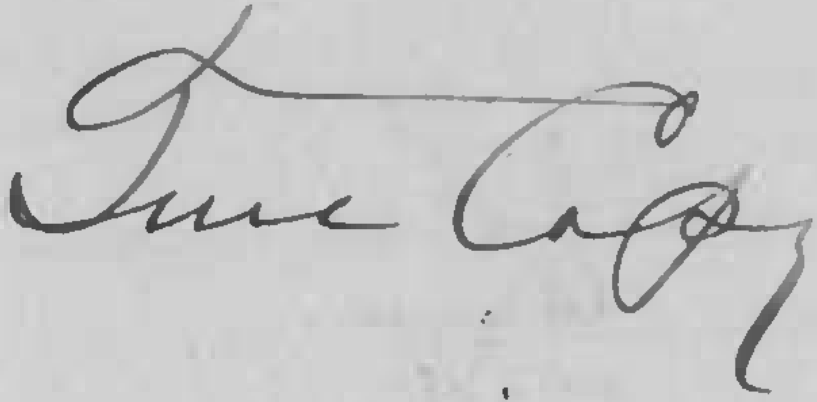
93

Reported by J H Streshut

Address Barnesville

Must be signed by physician, if any in attendance, otherwise by coroner, undartakar or minister.

LIBRARY BUREAU. 79898



Name in Full

Certificate of Death

Chas H Coupard

Died at Town Kinsington County Montgy MARYLAND

Date 1904 Month Mar Day 22 | Age Y. 65 M. 5 D. 2 | Native of Md. | Occupation Lab

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife Augusta Thompson

Father's Name Chas V. Coupard Mother's Maiden Name Mary Lyadace

Cause of Death

Primary 129 How long sick X

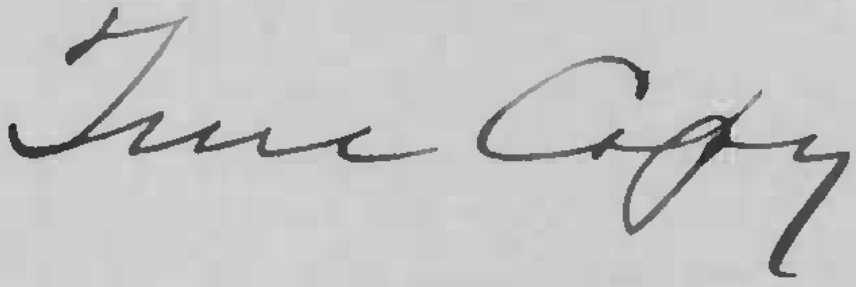
Immediate Paralysis of heart Accident, Suicide, Homicide

Reported by Eugene Jones

Address Kinsington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Susan Daphney

Died at ~~Town~~ Potomac County Montgy MARYLAND

Date 1944 Month Mar Day 27 Age Y. 33 M. – D. – Native of Md Occupation Housefr

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Jno Daphney

Father's Name Jno Smith Mother's Maiden Name Christie Smith

Cause of Death Primary Chob. Cancer Uterus How long sick

Immediate Hemorrhage Accident, Suicide, Homicide

Reported by Wm T Pratt

Address 42 Potomac

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Certificate of Death

Carrie Dunhart

Died at Town Middletown County Montgy MARYLAND

Date 1904 Month 3 Day 4 Age Y. 19 M. 3 D. 24 Native of Md. Occupation Housefr

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife Howard Dunbrook

Father's Name Richard Barnes Mother's Name Carrie Kisner

Cause of Death Primary Child Bent How long sick

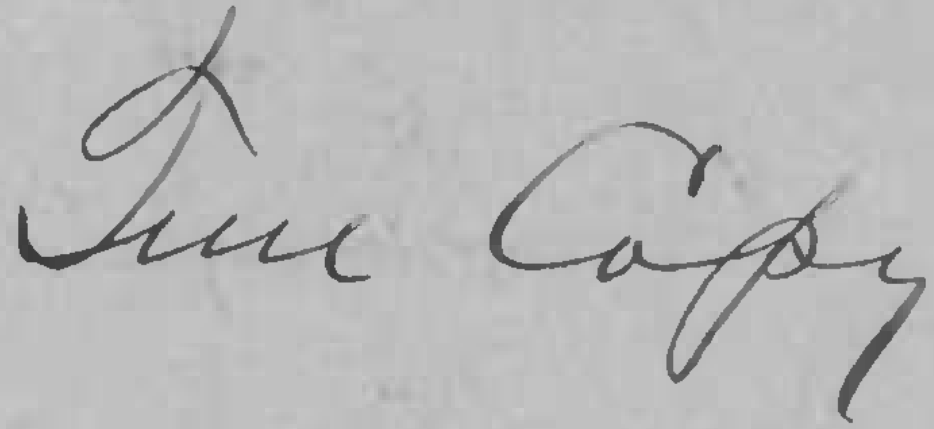
Immediate Eclampsia Accident, Suicide, Homicide

Reported by J. N. Simpson

Address 138 Germantown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name In Full

Certificate of Death

Amanda Easton

Died at Town Lay Hill County Montgy MARYLAND

Date 19 04 Month Mar Day 17 | Age Y. 31 M. – D. 7 | Native of Md | Occupation Seamstress

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Jno Easton

Mother's Maiden Name Harriett Law

Cause of Death

Primary Tuberculous Abscess

How long sick 4 mos

Immediate Exhaustion

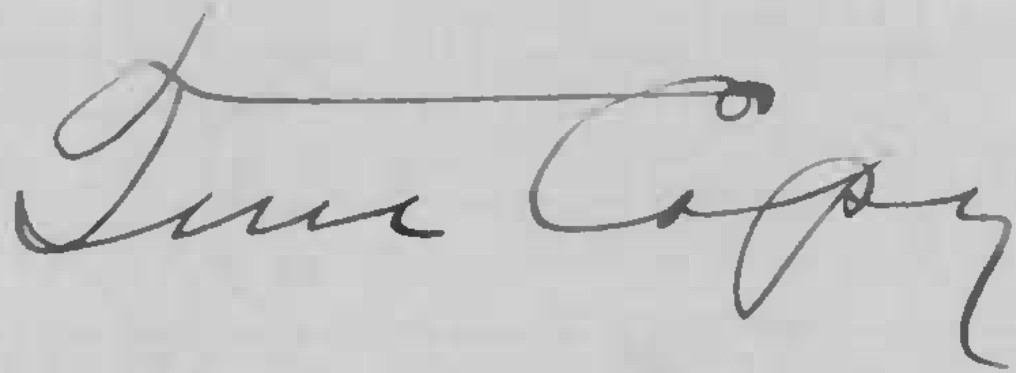
Accident, Suicide, Homicide

Reported by Roger Brooke

Address Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name In Full

Chas E. Foster

Certificate of Death

Died at Town Kensington County Montgy MARYLAND

Date 19 04 Month Mar Day 27 | Age Y. 40 M. D. | Native of D.C. | Occupation Gov Clerk

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife Elizabeth Morgan Foster

Father's Name

Mother's Maiden Name

Cause of Death

Primary Bullet wound in brain

Immediate Hemorrhage

How long sick

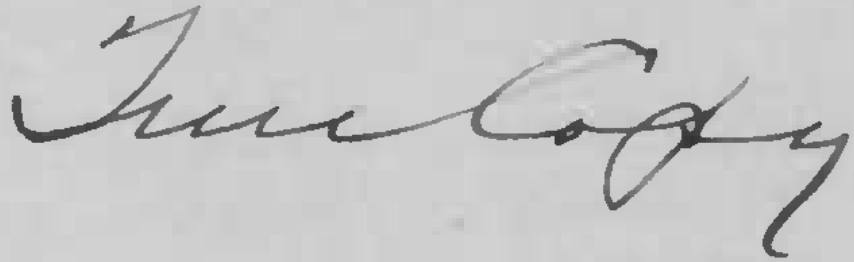
Accident, Suicide, Homicide

Reported by ~~166~~ W. L. Lewis

Address 1369 Kensington

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Elizabeth Foster

Died at Town Kingsbury County Montgomery MARYLAND

Date 1904 Month Mar Day 2 | Age Y. 37 M. D. | Native of Ky. | Occupation Housewife

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of Wife Chas E. Foster

Father's Name | Mother's Maiden Name

Cause of Death: Primary — Bullet Wound in brain — How long sick

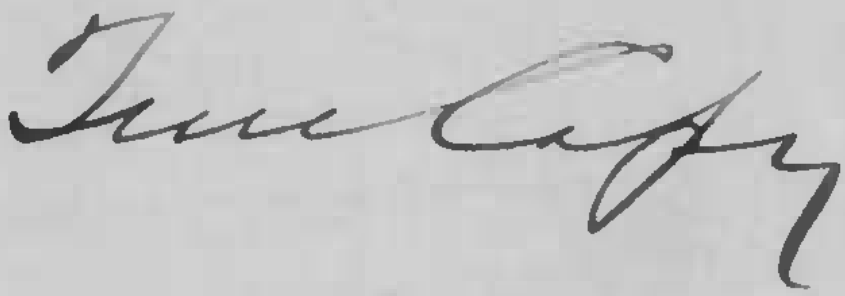
Immediate — ~~Accident~~ ~~Suicide~~ Homicide

Reported by W. L. Hunt

Address 176 Kingsbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70818



Name in Full Raymond F. Gray

Certificate of Death

Died at Town Fairella County Mercy MARYLAND

Date 1904 Month Mar Day 25 | Age Y. M. D. 9 | Native of Md | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Geo W Gray

Mother's Maiden Name Lilian A. Thompson

Cause of Death: Primary La Grippe

Immediate Pneumonia

How long sick

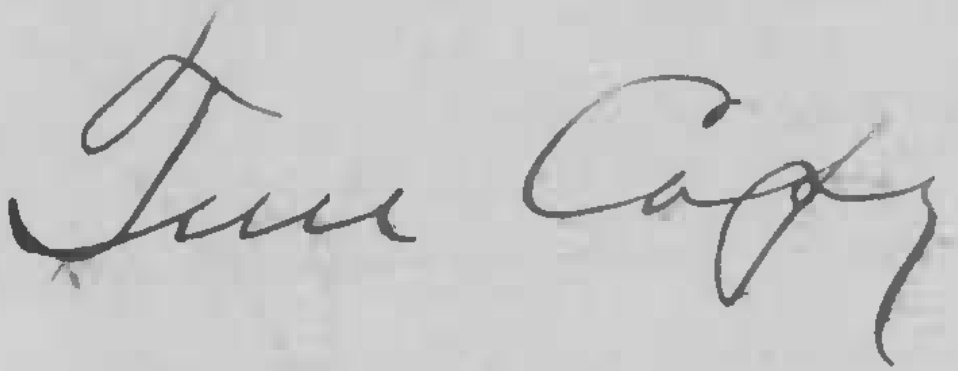
Accident, Suicide, Homicide

Reported by X O Wm F. Pratt

Address Potomac

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Town

County

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1914 May	26	Age		0	Md	

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of

Wife

Father's Name Mother's Maiden Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 7989

True Copy

Name in Full

Certificate of Death

Wesley Hackett

Died at Town near Sandy Spring, County Montgomery, MARYLAND

Date 1904 Month 3 Day 3 | Age Y. about M. 90 D. | Native of Md. | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 7

Husband ~~Wife~~ of Eliza Ann Hackett

Father's Name | Mother's Maiden Name

Cause of Death { Primary | Immediate Infirmatives of age } How long sick

Accident, Suicide, Homicide

Reported by Alfred T. Farquar

Address Sandy Spring, Md.

J. P.
Actng Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edmonston — County: Montgomery

Date of death 1904: Month: March — Day: about 1st — Age: Years — Months: At birth — Days

Sex: Male — Color or Race: Colored — Birthplace: Montg. Co. Md.

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Hall — Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Margaret Powell — Mother's Birthplace: Montg. Co. Md.

Name of person giving information: Margaret Powell — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Elias Forguhor, M. D.

Address: Olney, Maryland.

Accident or Suicide?

LIBRARY BUREAU A93518

Name in Full Ella Hamm

Certificate of Death

Died at Town Rockville County Montgy MARYLAND

Date 1944 Month 3 Day 6 Age Y. 35 M. D. Native of Md Occupation Lab

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Influenza

Immediate Pyemia

How long sick

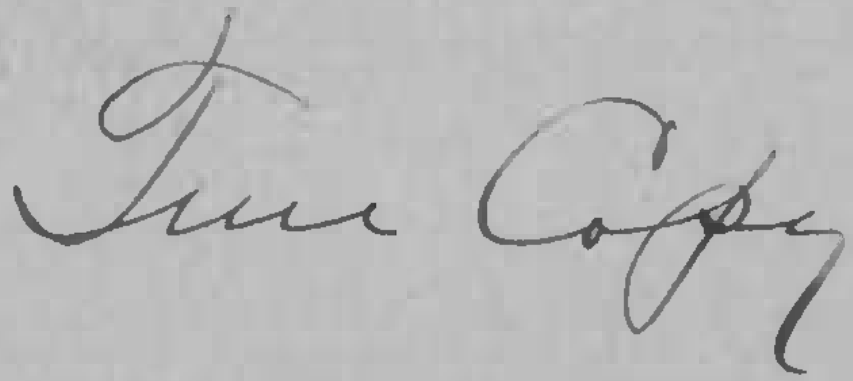
Accident, Suicide, Homicide

Reported by Edwin Anderson

Address Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

Lily Mary Harper

Died at Town: Oabin John County: Mineryy MARYLAND

Date 19 04 Month: Mar Day: 3 | Age Y. 18. M. D. | Native of Md. | Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife: Harry Harper

Father's Name: Jas Ellis Mother's Maiden Name: Mary E Coots

Cause of Death: Primary La Grippe | How long sick 3 days

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Wm T Pratt

Address Rotmore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

True Copy

Name in Full: Josiah Hazard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Takoma Park; County: Montgomery

Date of death 1904: Month: Mar; Day: 4; Age: Years: 44; Months: 2; Days: 4

Sex: M; Color or Race: white; Birthplace: Va

Married, Single or Widowed: [illegible]; Occupation: Book keeper

Name of Wife or Husband:

Father's Name: Josiah Hazard; Father's Birthplace: [illegible]

Mother's Maiden Name: Sarah J. Sloan; Mother's Birthplace:

Name of person giving information: L. R. Grabill; How related to deceased: Mother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis; How long: 2 yrs

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alfred C. Parsons

Address: Takoma Park

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6838

Name in Full: Elijah E. Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hunting Hill — County: Montgomery

Date of death: Month: March — Day: 11 — Year: 1904 — Age: Years: 55 — Months: 0 — Days: 0

Sex: Male — Color or Race: White — Birthplace:

Occupation: None — Where Residing if not at place of death: —

Married / Single / Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Do not Know — Father's Birthplace:

Mother's Maiden Name: " " " — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days —

Immediate: Asphyxia — How long: 6 hrs —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: George E. Lewis, M.D.

Address: ROCKVILLE, MD.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Maria Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died: Town: near Olney; County: Montgomery

Date of death 1904: Month: March; Day: 17

Age: Years: 83; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Prince Geo. Co.

Married, Single or Widowed: Married

Occupation: Laborer

Name of Wife or Husband: John Dorsey Johnson

Father's Name: Jacob Weldon

Father's Birthplace: Prince Geo. Co.

Mother's Maiden Name: Hannah Greenleaf

Mother's Birthplace: Prince Geo. Co.

Name of person giving In formation: Samuel S. Johnson

How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: One week.

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? I believe so.

Signature of Physician: Chas. Farquhar

Address: Olney, Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full Rose Johnson

Certificate of Death

Died at Town Germantown County Montgomery MARYLAND

Date 19 04 Month Mar Day 4 | Age Y. 32 M. — D. — | Native of Md | Occupation Housewife

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife Alex Johnson

Father's Name Sandy Corn Mother's Maiden Name

Cause of Death { Primary Placenta Previa | How long sick

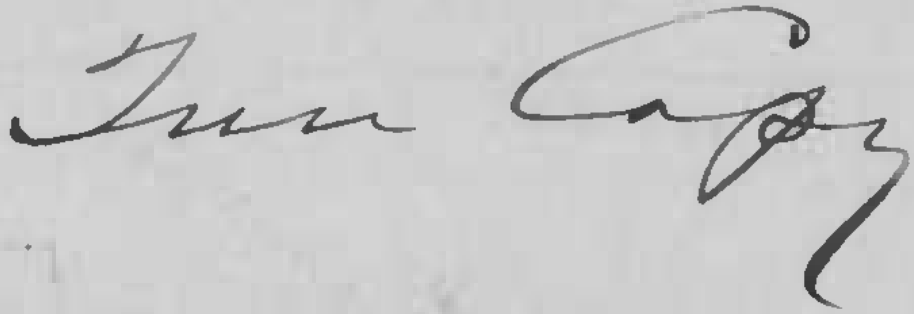
Immediate Hemorrhage | Accident, Suicide, Homicide

Reported by U. D. Nourse

Address Dawsonville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Louisa Lair

Died at Town Poolesville County Montgy MARYLAND

Date 1904 Month Mar Day 20 | Age Y. 93 M. D. | Native of Md | Occupation None

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow ~~Widower~~ Divorced Number of children living

Husband of Wife

Father's Name Dont Know Mother's Maiden Name Paturnee Taylor

Cause of Death Primary Organic Heart Disease How long sick 2 yrs

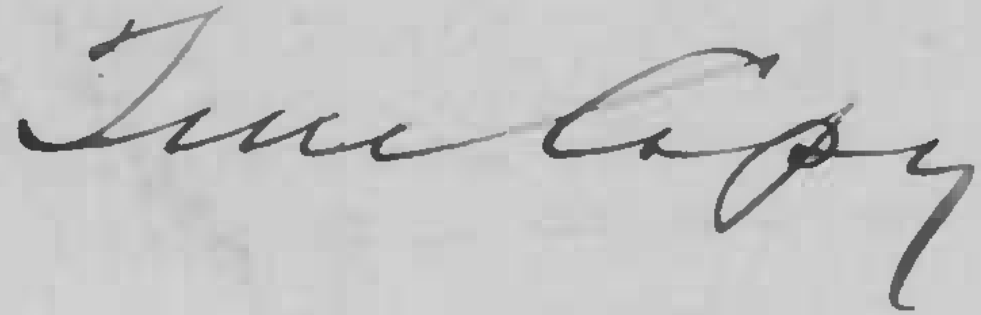
Immediate 179 Accident, Suicide, Homicide

Reported by B W Walling

Address Poolesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Fannie B. Moore

Certificate of Death

Died at Town: Montrose County: Montgy MARYLAND

Date 1894 Month: Mar Day: 26 Age Y. 68 M. – D. – Native of: Md Occupation: Housewife

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband / Wife of: Frank Moore

Father's Name: Ryley Mother's Name:

Cause of Death: Primary: Progressive Insanity How long sick: 2 yrs

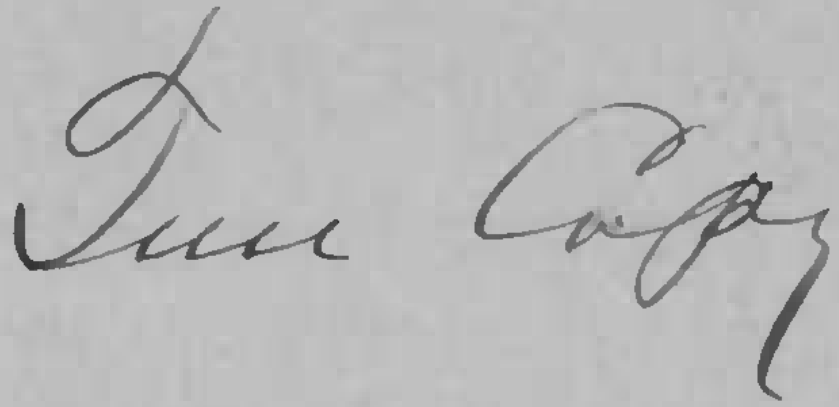
Immediate: Exhaustion Accident, Suicide, Homicide

Reported by: 69 O. M. Linthicum

Address: Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full: Helen Louise F. Marindin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodside; County: Montgomery

Date of death 190 4: Month: Mar; Day: 25; Age: Years: 60; Months: 8; Days: 23

Sex: F; Color or Race: W; Birthplace: Switzerland

Married, Single or Widowed; Occupation: Civil Engineer

Name of Wife or Husband: Eliza Eliot Marindin

Father's Name: Vincent L. F. Marindin; Father's Birthplace: Switzerland

Mother's Maiden Name: Marianne Traibaud; Mother's Birthplace: "

Name of person giving In formation: Eliza E. Marindin; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

64

CAUSES OF DEATH

Primary: ; How long: ?

Immediate: Cerebral Hemorrhage; How long: 18 hrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alfred T. Parsons, M.D.

Address: Takoma Park, Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full

Certificate of Death

Ford Miller

Died at Town Germantown County Frederick MARYLAND

Date 1904 Month 3 Day 10 Age Y. 82 M. 10 D. Native of Md Occupation Farmer

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / Widower ~~Divorced~~ Number of children living 4

Husband / Wife of Elizabeth Miller

Father's Name Wm Miller

Mother's Name Mary Whitmore

Cause of Death: Primary La Grippe — How long sick 2 weeks

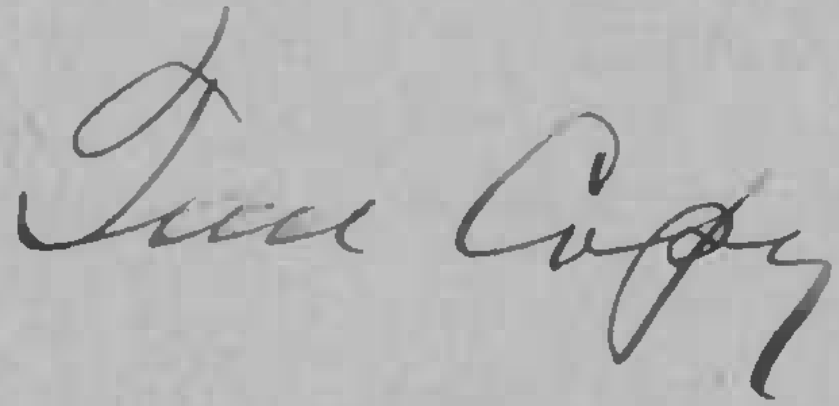
Immediate Heart Failure — Accident, Suicide, Homicide

Reported by C. M. Sappington

Address Germantown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full: Archibald L. Mullican

Certificate of Death

Died at — Town: Bruce — County: Montgy — MARYLAND

Date 1904 — Month: 3 — Day: 16 — Age: Y. 59 — M. 11 — D. 27 — Native of: Md — Occupation: Farmer

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband / Wife of: Mary T. Thrift

Father's Name: Jno Mullican — Mother's Name: Lucy Dawson

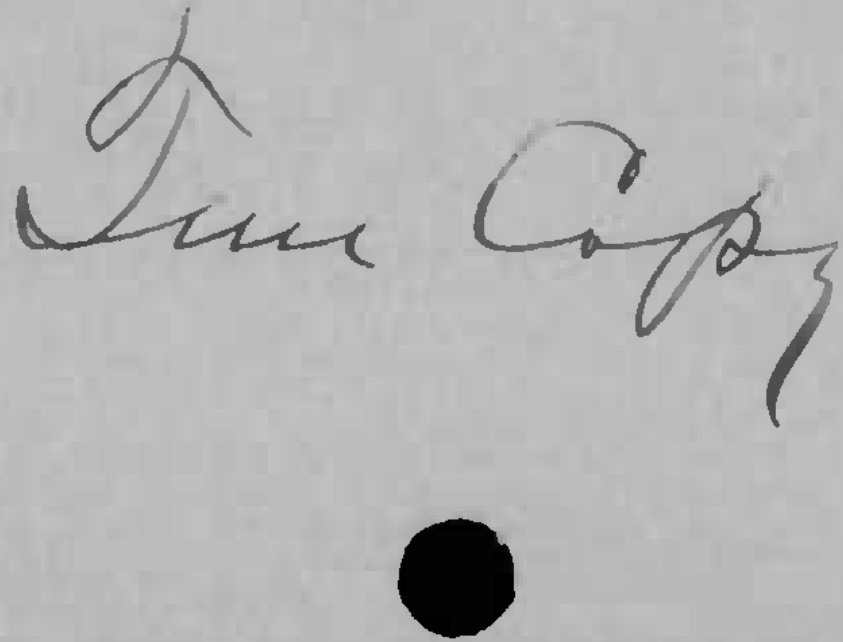
Cause of Death — Primary: La Grippe — Immediate: Bronchitis — How long sick: 7 days — Accident, Suicide, Homicide

Reported by: J. N. Simpson

Address: Germantown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full Elizabeth R Ricketts

Certificate of Death

Died at Town Potomac County Montgy MARYLAND

Date 1904 Month Mar Day 10 | Age Y. 80 M. — D. — | Native of Md | Occupation Housewife

Male / Female | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number ~~of children living~~

Husband / Wife of Washington Ricketts

Father's Name Neil Ricketts Mother's Maiden Name Rachel Ricketts

Cause of Death: Primary La Grippe | Immediate Pneumonia

How long sick 10 days

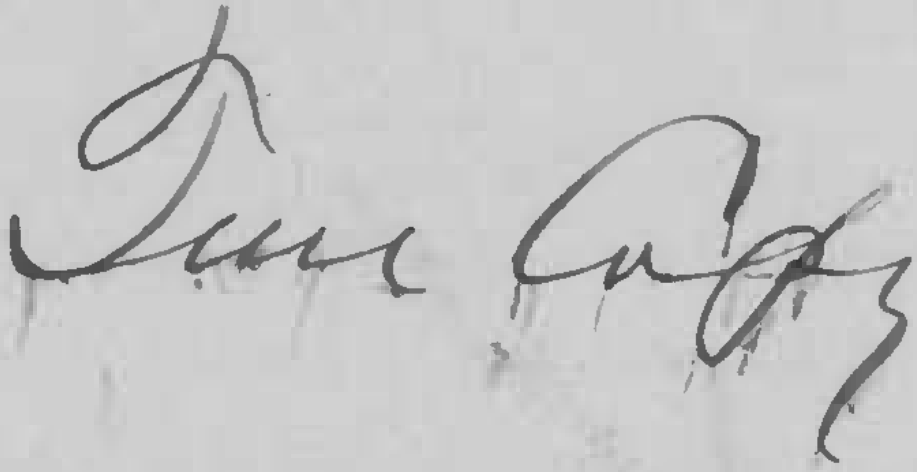
Accident, Suicide, Homicide

Reported by Wm. D. Pratt

Address Potomac

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Ruth L. Robey

Died at Town Spencerville County Montgy MARYLAND

Date 1904 Month Mar Day 21 | Age Y. — M. 3 D. — | Native of Md | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of Wife

Father's Name Ed. Robey

Mother's Maiden Name Emma Rhine

Cause of Death: Primary Pneumonia

Immediate

How long sick 8 days

Accident, Suicide, Homicide

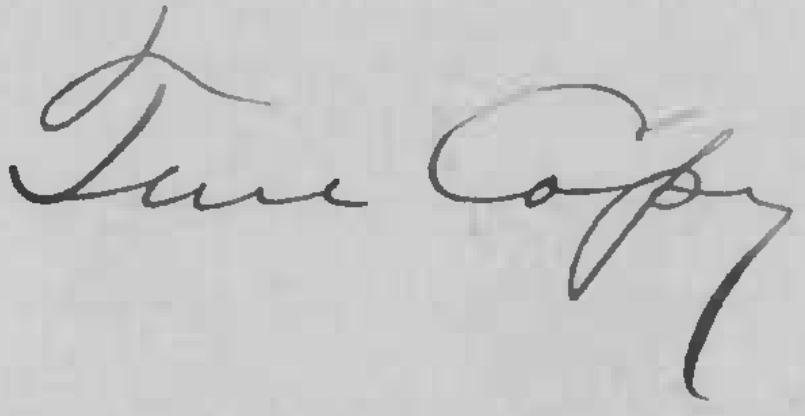
93

Reported by J R Batson

Address Spencerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full [illegible]

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Rockville (County) Montgomery

Date of death 1904 (Month) March (Day) 1st

Age (Years) 5 (Months) 7 (Days)

Sex Female | Color or Race Colored | Birthplace Md

Married, Single or Widowed —

Occupation Laborer

Name of Wife or Husband —

Father's Name —

Father's Birthplace —

Mother's Maiden Name —

Mother's Birthplace —

Name of person giving Information Wm Brown

How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Grip

How long 1 week

Immediate Pneumonia

How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Edward Anderson

Address Rockville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full Lily Bowen Stephens

Certificate of Death

Died at Town Whites Ferry County Montgomery MARYLAND

Date 1894 Month Mar Day 16 Age Y. 23 M. – D. – Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife Jno Stephens

Father's Name Jno P. Bowen Mother's Name

Cause of Death Primary Consumption How long sick 3 yrs

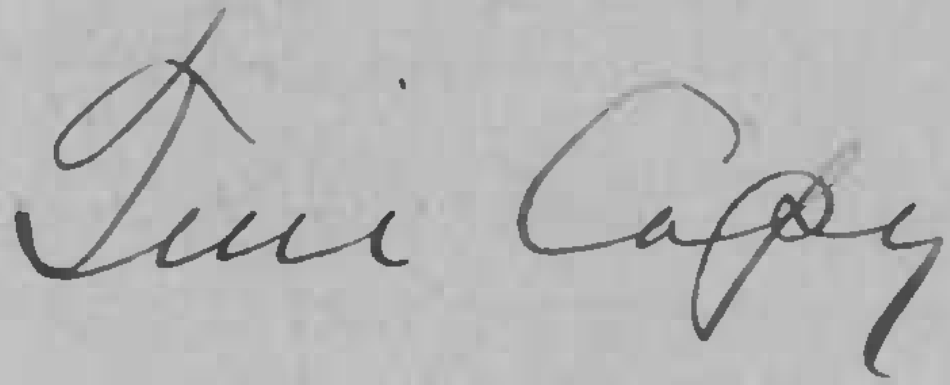
Immediate 27 Accident, Suicide, Homicide

Reported by J. S. Poole

Address Poolesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



CERTIFICATE OF DEATH

MARYLAND

Name in Full	Charles Edward Thomas
Died (Town)	near Sandy Spring
County	Montgomery
Date of death	1904
Month	March
Day	25
Age — Years	—
Months	7
Days	5
Sex	Male
Color or Race	Colored
Birthplace	Sandy Spring
Occupation	—
Where Residing if not at place of death	—
~~Married~~, Single ~~or Widowed~~	Single
Name of Wife or Husband	— —
Father's Name	Chas. Edward Thomas
Father's Birthplace	Montg. Co. Md
Mother's Maiden Name	Anna Lincoln
Mother's Birthplace	Montg. Co. Md
Name of person giving Information	Chas. E. Budd
How related to deceased	No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary	Pneumonia, Supposed as no Physician in attendance
How long	Few days
Immediate	
How long	
Are the name, age, sex, color, date and place correctly given above?	As far as known, as no Physician in attendance.
Signature of Physician	Chas. Fargahar, H. O.
Address	Olney Md.
Accident or Suicide?	

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Name in Full: Mable Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near (Town) Brinklow (County) Montgomery

Date of death 1904 (Month) March (Day) 10 (Years) — (Months) Seven (Days) —

Sex: Female | Color or Race: Colored | Birthplace: Brinklow Md.

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: — —

Father's Name: Clifton Edward Thomas | Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Martha Hebbings | Mother's Birthplace: Montg. Co. Md.

Name of person giving information: Edward Clifton Thomas | How related to deceased: Father

1904

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. Supposed as no Physician in attendance. | How long: 2 weeks

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? I think so

Signature of Physician: Chas. Farquhar, M.D.

Address: Olney, Md.

Accident or Suicide?

LIBRARY BUREAU A33315

Name in Full

Certificate of Death

Lavinia C. Viers

Died at Town Poolesville County Montgy MARYLAND

Date 1904 Month Mar Day 24 | Age Y. 69. M. - D. | Native of Md. | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Jesse Viers Mother's Maiden Name Sophy Viers

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 10 days

Immediate Grippe — Accident, Suicide, Homicide

Reported by B W Walling

Address Poolesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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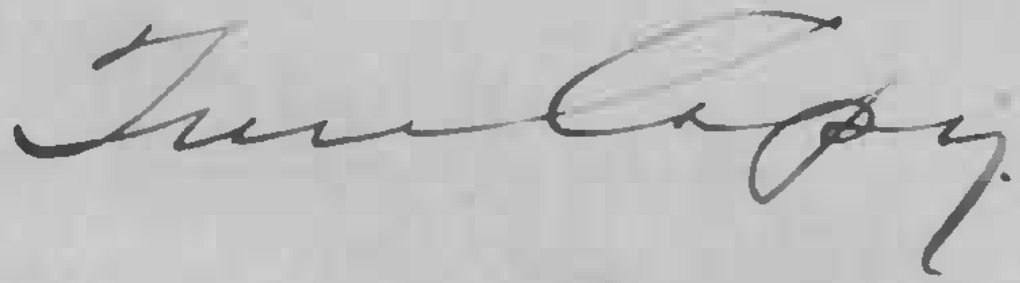


Name in Full Certificate of Death

Carrie Bell Wallace

Died at Town Alabama County Mrs Sgy MARYLAND

Date 1944, Month Mar Day 9 Age Y. 12 M. - D. - Native of Va Occupation -

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Geo Wallace Mother's Name Ellen Lee

Cause of Death Primary Chronic Bronchitis How long sick 2 yrs

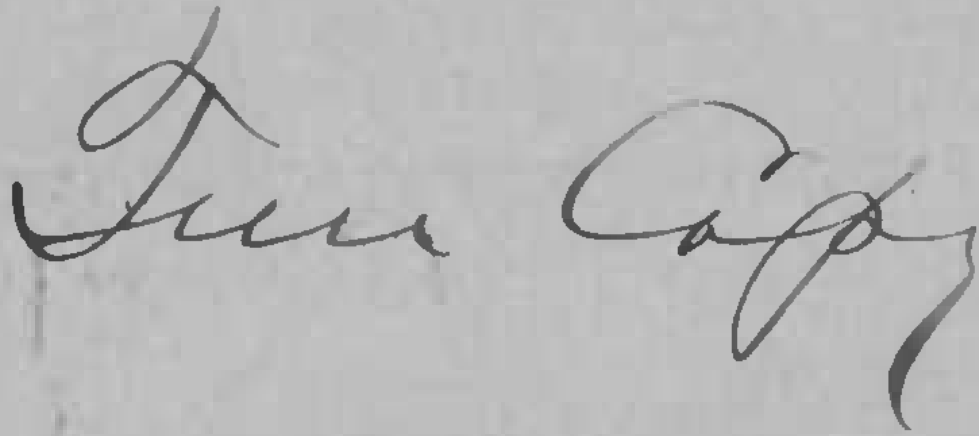
Immediate Acute Illness Accident, Suicide, Homicide

Reported by J. S. Poole

Address Poolesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full Henry Waring

Certificate of Death

Died at Town Rockville County Montgy MARYLAND

Date 1904 Month Mar Day 6 Age Y. 62 M. 1 D. 3 Native of Md Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife Anna B. Waring

Father's Name Henry B. Waring Mother's Name Rachel Clapper

Cause of Death Primary Disease of Bones 1 Now long sick 2 yrs

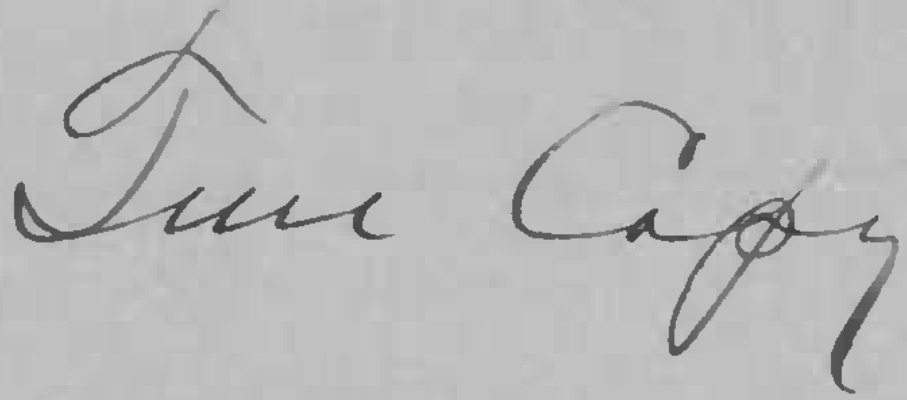
Immediate Exhaustion Accident, Suicide, Homicide

Reported by Edward Anderson

Address Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mildred Willingham

Died at Town Rockville County Montgy MARYLAND

Date 1890 4 Month Mar Day 31 Age Y. 22 M. D. Native of Va Occupation None

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name A. B. Willingham

Mother's Name

Cause of Death Primary Salpingitis

Immediate Peritonitis

How long sick 6 days

Accident, Suicide, Homicide

Reported by D. M. Linthicum

Address Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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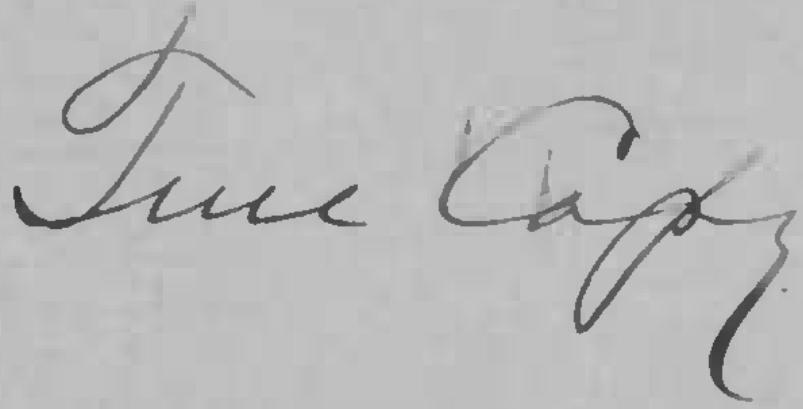


Name in Full

Certificate of Death

Joseph Thomas Windsor

Died at Town Potomac County Montgy MARYLAND

Date 1904 Month Mar Day 11 | Age Y. 55 M. D. | Native of Md | Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife Odee Windsor

Father's Name Thomas Windsor Mother's Maiden Name Kittie

Cause of Death

Primary Brights Dis

Immediate Uremia

How long sick 2 yrs

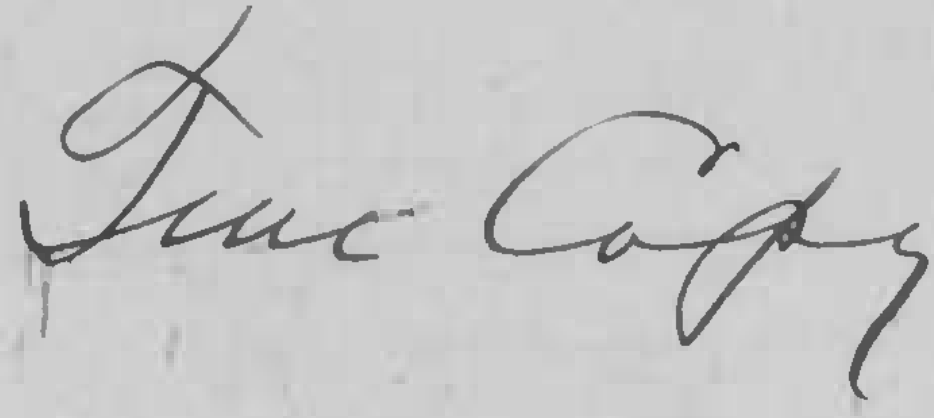
Accident, Suicide, Homicide

Reportad by W T Pratt

Address Potomac

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Susan Woods

Certificate of Death

Died at — Town: Sandy Spring — County: Montgomery — MARYLAND

Date ~~1904~~ 1904 — Month: Mch. — Day: 11 — Age: Y. 87 M. 9 D. — Native of: Montg. Co. — Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Thomas Woods, deceased

Father's Name — Mother's Name

Cause of Death — Primary: Senility — How long sick: 1 week

Immediate: Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by: Aug. Stabler M.D.

Address: Brighton Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 76706

Name in Full George Edwar Wright

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died	Town: near Sandy Spring	County: Montgomery	
Date of death 1904	Month: March	Day: 13	Age: Years + Months 10 Days —
Sex: Male	Color or Race: Colored	Birthplace: Montg. Co. Md	
Occupation: —	Where Residing if not at place of death: —		
~~Married,~~ Single ~~or Widowed~~	Name of Wife or Husband: —		
Father's Name: George Edwar Wright	Father's Birthplace: Leesburgh Va		
Mother's Maiden Name: Florence Johnson	Mother's Birthplace: Montg. Co. Md		
Name of person giving Information: George E. Wright	How related to deceased: Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia	How long: About week
Immediate: Asthenia	How long:
Are the name, age, sex, color, date and place correctly given above? I believe so.	Signature of Physician: Aug Stabler
	Address: Brighton
Accident or Suicide?	

LIBRARY BUREAU A88516